

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027001

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 127

FILED III 9 1963

VS 300
Rev. 4/59

1 1085

2 0200

3

4 0

5 0

6

7 0

8 2

9 4201

10

11

12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>VERNON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fanning Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>Stockton</u> d. STREET ADDRESS (If outside, give location) <u>Box Township-Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>Calvin</u> Last <u>Stamps</u>		4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-1-1895</u> 9. AGE (last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Box Township</u>	
11. BIRTHPLACE (City and state or country) <u>Stockton Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm B. Stamps</u>		13b. MOTHER'S MAIDEN NAME <u>Lila J. Barnes</u>	
14. NAME OF HUSBAND OR WIFE <u>Retha Stamps, Route #2, Stockton, Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Retha Stamps, Route #2, Stockton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous Coronary occlusion - 1 year ago</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>11:55</u> a.m. <u>11:55</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Stockton</u> COUNTY <u>Cedar</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>July 11, 1958</u> , to <u>July 2, 1963</u> and last saw him alive on <u>June 28, 1963</u> Death occurred at <u>Nevada, Missouri</u> <u>11:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L.P. McCann, M.D.</u>		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>7/3/1963</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - Burial</u>	
23b. DATE <u>July 5-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Stockton</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Melvin H. Janssens</u>		25. DATE RECD. BY LOCAL REG. <u>7-3-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Jorg</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin L. Janssens

Licensed Embalmer No. 4529

P.O. Address

El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.